



## THE ROYAL HOSPITAL DONNYBROOK

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# BOARD OF MANAGEMENT

*Minutes of meeting held on Thursday 29<sup>th</sup> October 2020 at 8 am via Video Conference*

**Present:** Brendan Pigott (Chairman), Caroline O'Shea (Vice-Chair), Conor O'Connor (Hon Treasurer/Hon Secretary), Dorothy MacCann, Ruth Deasy, Oisín Quinn, Alan Gough, David Robinson, David Gunning, Tom Hayes, Michelle McCormack, Cllr. Paddy McCartan, Cllr. Dermot Lacey, Deirdre-Ann Barr

**In attendance:** Conor Leonard, Kieran Farrell, Dr. Lisa Cogan, Evonne Healy, Liz Branagan

**Apologies:** None

**Conflict of Interest /Loyalty:** None declared

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### **Restricted Item**

Restricted Item—Board Members only present

### **Election of Chairman**

The Chairman left the meeting and Vice Chair took the Chair.

It was proposed by Conor O'Connor and seconded by Alan Gough that Brendan Pigott be re-elected Chairman. This was approved unanimously by the Board and the Chairman was deemed re-elected.

### **Election of Vice Chair**

On return of Chairman, Vice Chair left the meeting.

It was proposed by Conor O'Connor and seconded by Dermot Lacey that Caroline O'Shea be re-elected Vice Chair. This was approved unanimously by the Board and the Vice Chair was deemed re-elected.

### **Composition of Committees**

Deirdre-Ann Barr was unanimously co-opted as new member to the Board.

Orla Murphy was unanimously approved as new member on Audit Committee.

### **SMT joined the meeting.**

The Chairman welcomed Deirdre-Ann Barr and the new Financial Controller, Kieran Farrell to the Board.

### **Minutes & Matters Arising from meeting of 30<sup>th</sup> July 2020**

The minutes were approved and signed by the Chairman.

### **Matters arising**

#### **CEO provided updates on previous action list:**

- Increasing Admissions is an ongoing issue

- HIQA re-registration conditions were accepted i.e. reduction of 5 bedded rooms to 4. Financial implications covered in CEO and Financial Controller's Report.
- RHD letter to HIQA dated 28.07.2020 circulated to Board.
- Costing's for Communication Company received but there was no requirement for use of services.
- PWC were notified re. HIQA correspondence.

## **Reports**

### CEO Report

Recent testing for C-19 found 3 staff positive who worked on Stroke unit. All residents/patients are clear. Meeting to be held with Public Health following Board meeting to discuss situation. CEO to provide update to Board on Public Health recommendation to Board. MD confirmed hospital is always on high alert and it is fortunate the hospital can avail of swift testing via SVUH.

Fire safety works are progressing with first grant payment received and paid to contractors. Also, in the process of trying to get all contractors tested for C-19.

LTC numbers are down to 57 at present due to resident deaths. HIQA condition re. 5 bedded rooms down to 4 will have financial implications. This is of serious concern to the Hospital which is forecasting a net loss of €585,000 related income next year. CEO has written to HSE requesting adjustment in cost of care to year end and further increase for 2021.

Division of hospital is going ahead. Awaiting Public Health Recommendation re. Moving Stroke Ward upstairs and SPARC service downstairs. This will free up 30 beds to accommodate MD's service. Referral/admission patterns have changed due to C-19. Patients now wish to go home directly from acute setting. This pattern is a continuing theme and has been discussed with IEHG. Also, patients do not wish to isolate in RHD for 2 weeks. It was noted that patient discharges from acute hospitals may be premature if services are not in place. While an early supported discharge programme is to be supported, patients may require wraparound service. The RHD is now providing outreach services and SVUH have an early supported discharge team in place. MD explained patients would not have to isolate once tested and free from C-19 in new SPARC unit.

Rehab Inspection went very well. The Chair expressed the Board's appreciation to the Management and staff, for the work which went into this visit and requested CEO pass on this message to all concerned.

Good progress has been made on ICT project and Gardener's cottage is nearly complete for GP's to come on site.

CEO acknowledged the support of The Friends of the RHD and thanked them for funding the Physiotherapy gym. Gym should be finished next week. The Chair also expressed thanks on behalf of the Board. OQ noted The Friends were delighted to have supported this project.

### Medical Director (MD) and Director of Nursing Report (DoN)

DoN stated that the hospital is carrying out mass testing every two weeks. There were over 1,600 swabs taken up to time of writing of report with most recent swabbing last Friday. 180 staff swabbed. To date 20 staff have come back positive, with 16 returning to work. Almost 200 staff have now had the flu vaccination.

MD acknowledged how difficult it is to continue with various projects through C-19. One project which is ongoing is the Electronic Medication Administration System which was introduced in July 2020. The project has been a great success. DoN noted this project was a result of capturing medication errors through the auditing process which Clinical Governance Committee oversee. Both DoN and MD acknowledged the hard work of Physio Manager and OT Manager in swabbing programme and Nurse Quality Manager for setting up the new electronic system.

MD acknowledged the support provided by The Friends of RHD and thanked them for doing so. Their support has allowed the hospital to employ a Visitation Co-ordinator. Visits require facilitation and are ongoing. All residents and most rehab patients meet the requirements as set out by the HSPC compassionate visit guidelines. Compassionate visits are held in Phoenix and window visits at entrance door to Boardroom hallway but other areas are presently being explored. This is an on-going programme.

The Chair expressed the Board's thanks to those members of staff involved and the Friends of the RHD.

## **Risk Management**

### Risk Management Metrics

CEO advised there were some risks which had been reduced re. Fire Works and noted funding is always of concern.

Recruitment and retention was flagged as a growing concern. Presently there are many key posts vacant which the hospital is finding it difficult to recruit for i.e. DoN, Incident Manager and Operations Manager. There are no applicants for DoN position and no Incident Manager at present, which could become a clinical governance risk. The question arose as to whether this was specific to RHD or across the board? The preferred candidate for PIC of Designated Centre was not accepted by HIQA as she had not completed Management Qualification. It was clarified that while the preferred method of filling vacancies is through succession planning, due to profile of staff, there is no-one in the ranks to fill these posts on a permanent basis.

A further question arose in relation to Risk C016 - Oxygen supply. In the event of an outbreak is Oxygen a significant risk for the hospital? It was clarified that at present there are sufficient supplies. CEO had been in contact regarding further supplies. The HSE will fund but not until next year. Should there be an incident where a patient requires a high quantity of oxygen they would be transferred to acute care.

### Draft Clinical Governance Committee Minutes from meeting of June 2020

DoN confirmed due to the reduction in numbers in multi-occupancy rooms there has been a large reduction in safeguarding issues. HIQA also acknowledged this on pre-inspection.

### Quarterly Clinical Governance Report Summary

Update on hand hygiene/PPE Audits was requested re: 47% outcome for observational audit on removal of PPE.

DoN explained PPE removal must be in sequence. At present RHD do not have a dedicated infection control nurse. A CNM has been redeployed to other duties, one of which is on the spot training on doffing and donning of PPE. Results of recent audit will be available at next Clinical Governance

Meeting. It is difficult to quantify risk when staff remove PPE in wrong sequence and then perform hand hygiene, with hand hygiene found to be 94% on audit. The risk would be to the staff member. MD noted initially it was about accessing PPE and reiterated the hospital does not have a dedicated person for infection control. Staff behaviour is not unique to The Royal.

#### Draft Audit Committee Minutes from meeting of April 2020

Audit Committee Chair confirmed a new member had joined the Audit Committee. Internal Audit is a little behind, but Chair and Financial Controller are conferring on this.

### **Matters for Decision**

#### Board and Executive Meeting Dates 2021

Dates for 2021 AGM, Board & Executive meetings were noted.

#### Charities Regulator Compliance Statement

Chairman stated that this statement does not have to be filed with the Charities Regulator but kept on file in hospital. The Board approved the compliance statement.

### **Matters for Information**

#### Management Accounts

Financial Controller had revised the format of report including statistics and yearly comparisons which was welcomed. He brought Board through the headline figures.

#### Positive

- Positive trend re. pay and non-pay due to low activity levels

It was noted the Hospital have to be cognisant of taking a balanced approach to filling beds and use of further staff/agency costs.

#### IT Update

Taken as read.

#### Draft Executive Committee Minutes September 2020

Taken as read.

#### Draft AGM Minutes September 2020

Taken as read.

#### Governance Ireland Survey

This survey was postponed due to C-19. Governance Ireland have been contacted to re-start the process. Surveys will be sent to Board and Committee members, as agreed previously.

### **Emerging Issues & Any Other Business**

#### Amendment to Governance Manual

Board agreed to replace item 8.1 in Code of Governance Manual from “Code of Practice for Good Governance of Community, Voluntary and Charitable Organisations in Ireland” to Charities Regulator “Charities Governance Code”.

#### New Bank Mandate

Board agreed to approve change to present BOI mandate in accordance with attached resolution.

#### Board Strategy Day

Board strategy day would normally happen in November. Chair proposed that an hour be added to next BOM meeting on 26<sup>th</sup> November and CEO present strategy update with input from Estates Committee. Proposal was accepted and agreed.

#### Staff Presentations

Chair proposed CEO draw up a schedule of staff presentations for 2021. Proposal was accepted and agreed.

#### **Next Meeting:**

November 26<sup>th</sup> 2020

#### **Close of Meeting**

*There being no further business, the meeting then closed.*

#### **Action List**

<b>Item</b>	<b>Action Date</b>	<b>Person Responsible</b>	<b>Progress</b>
Increasing Admissions	Ongoing	CEO /HMT	
Public Health Meeting – Update to Board	Immediate	CEO	
Internal Audit	Ongoing	AG/KF	
Funding – HSE, CHO6	Immediate	KF	
CEO Strategy Update	26 <sup>th</sup> November	CEO	
Staff Presentation - Schedule	For 2021	CEO	

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Brendan Pigott  
Chairman, Board of Management  
26<sup>th</sup> November 2020